

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020804

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 4 1963

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Hannibal

Length of stay in 1b

12 Hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Elizabeth Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Monroe

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

327 East Cleveland

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Catherine Evelyn Pierceall4. DATE
OF
DEATHMonth Day Year
May 21, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/26/'13

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Monroe Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Fred L. Barney

13b. MOTHER'S MAIDEN NAME

Fleta Dooley

14. NAME OF HUSBAND OR WIFE

Leslie Pierceall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes ☒ or unknown) (If yes, give war or date)

No

16. SOCIAL SECURITY NO.

539

17. INFORMANT

Leslie Pierceall, Monroe City Mo

18. CAUSE OF DEATH (Enter only one cause
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Liver failure + coma

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

metastatic carcinoma from breast

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 8, 1963 to May 21, 1963 and last saw her alive on May 21, 1963
Death occurred at 10:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Philip B. Thompson M.D.

22b. ADDRESS

711 Grand, Hannibal Mo.

22c. DATE SIGNED

5-25-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

5/24/1963

23c. NAME OF CEMETERY OR CREMATORY

Stoutsville, Cemetery

23d. LOCATION (City, town, or county)

Stoutsville Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Harold V. Garner

Monroe City Mo.

25. DATE RECD. BY LOCAL REG.

May 27, 1963

26. REGISTRAR'S SIGNATURE

Dr. E.M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0648

2 66902

3

4 1

5 1

6

7 0

8 2

9 170X

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. James

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 5/27/63